

AGN. NO. _____

MOTION BY SUPERVISOR YVONNE B. BURKE

June 15, 2004

I MOVE that fees in the amount of \$80 be waived, excluding the cost of liability insurance, for use of Kenneth Hahn State Recreation Area on Wednesday, June 23, 2004 from 9:00 a.m. to 2:00 p.m. by the Circle of Friends Adult Day Health Care Center for a picnic.

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YBB:DL:dk/circle of friends adult day health care center fee waiver 2004

CONTACT: Circle of Friends Adult Day Health Care Center
Evelyn Ware, Picnic Coordinator
365 East Beach Avenue
Inglewood, CA 90302
(310) 673-9915
(310) 673-0131, fax

MOTION

MOLINA	_____
BURKE	_____
YAROSLAVSKY	_____
ANTONOVICH	_____
KNABE	_____